



Montana Department of Transportation Administration Division

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Do Not Write in this Space

Application For Gasoline/Special Fuel Distributor License

Name of Applicant (print Last, First, Middle)		Telephone Number		FAX Number	
Trade Name					
Address (Street and Number)		City/Town		State/Country	
				Zip Code	

List all retail outlet(s), besides your own, where you supply gasoline and or special fuel

1.	Retail Outlet	Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number	Petroleum Business #	

2.	Retail Outlet	Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number	Petroleum Business #	

3.	Retail Outlet	Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number	Petroleum Business #	

4.	Retail Outlet	Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number	Petroleum Business #	

5.	Retail Outlet	Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number	Petroleum Business #	

6.

Retail Outlet		Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number		Petroleum Business #

7.

Retail Outlet		Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number		Petroleum Business #

8.

Retail Outlet		Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number		Petroleum Business #

9.

Retail Outlet		Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number		Petroleum Business #

10.

Retail Outlet		Date Established	Estimated Monthly Delivered Gallons
Location		Address	
Owner Name		SSN or FEIN	Phone Number ()
Date Registered with Sec. of State Office	Registration Number		Petroleum Business #

The undersigned applicant hereby authorizes full disclosure of any and all information which the Montana Department of Transportation may request from agencies in other jurisdictions, agencies of the federal government, foreign countries, petroleum suppliers, lending institutions and other entities with which you transact business, and further agrees to hold harmless these providers of information.

The undersigned applicant hereby further agrees that the Department may share any and all information, obtained in its investigation, contained in this application as well as any information contained in tax reports subsequently filed by the applicant, with agencies in other jurisdictions, agencies of the federal government and foreign countries having regulatory or taxing authority.

The undersigned certifies that all information contained in this application is true and accurate. This certification is given with the understanding that it is a crime, under Sec. 15-70-232 MCA, to certify the truth of a statement knowing that the statement is not true. Such a crime is punishable by a jail sentence of up to 6 months or a fine of \$1,000 or both.

Name of Applicant (Printed)	Signature of Applicant	Date Signed
Official Holding Proper Authority (Print Name and Title)		
Signature of Official		Date Signed